



# Motor Vehicle Division

46-0408 R08/09 www.azdot.gov

Dealer Licensing, Mail Drop 552M  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100  
dealerlicensing@azdot.gov  
602-712-7571

## MOTOR VEHICLE DEALER APPLICATION

MVD License Number

Application Type  
(check as applicable):

- ☐ New Application
- ☐ New Entity
- ☐ New License Type
- ☐ Add Branch Office
- ☐ Business Name Change
- ☐ Change of Location

- **Must Be Completed In Full**, or will be returned.
- Criminal Records Check fee must be by cashier's check or money order payable to the Arizona Department of Public Safety.
- All other fees may be by check or money order payable to Motor Vehicle Division.
- If additional space is needed, attach separate sheet.
- See the **Fee Schedule** for other fees to be invoiced and payment requirements.

1. I hereby make application for a license to engage in the business of a (check only one box):

- ☐ New Motor Vehicle Dealer
- ☐ Used Motor Vehicle Dealer
- ☐ Title Service Company
- ☐ Wholesale Motor Vehicle Dealer
- ☐ Wholesale Motor Vehicle Auction Dealer
- ☐ Broker
- ☐ Automotive Recycler

2. ☐ Yes ☐ No Are you applying for a provisional license?

3. New Products – **For dealers selling new products**, list the make of products you are authorized to sell. A written notice of authorization from the manufacturers and/or distributors must accompany this application.

Product by Make				

4. Business Information

Business Type
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP
Business Name
Doing Business As (DBA)

5. Established Business Address

Street Address	City	State	Zip
Mailing Address (if different from Street Address)	City	State	Zip
Office Days and Hours			
<input type="checkbox"/> M to <input type="checkbox"/> Tu to <input type="checkbox"/> W to <input type="checkbox"/> Th to <input type="checkbox"/> F to <input type="checkbox"/> Sa to <input type="checkbox"/> Su to			
Phone Number ( )	Fax Number ( )	County	
Principal Owner E-mail Address			

6. Business Contact – Attach letter indicating scope of authority that contact person will have regarding company operations.

Name	Title		
Phone Number ( )	Fax Number ( )	E-mail Address	

7. ☐ Yes ☐ No Is there an existing dealership/automotive recycler at the business address? If Yes, complete the following.

Existing Dealership/Recycler Name and Explanation
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8. Applicants: Use full name. Do not use initials. If no middle name, write "None". Title: Sole Owner; Partner; Corporate Officer (President, Vice President, Secretary, etc.), Director, and Agent; and all Stockholders owning 20% or more of the corporation.

A. Applicant Name (first, middle, last, suffix)		Title	
Residence Address		City	State    Zip
Residence Phone Number (       )	Stock Percentage (if applicable)		

B. Applicant Name (first, middle, last, suffix)		Title	
Residence Address		City	State    Zip
Residence Phone Number (       )	Stock Percentage (if applicable)		

C. Applicant Name (first, middle, last, suffix)		Title	
Residence Address		City	State    Zip
Residence Phone Number (       )	Stock Percentage (if applicable)		

D. Applicant Name (first, middle, last, suffix)		Title	
Residence Address		City	State    Zip
Residence Phone Number (       )	Stock Percentage (if applicable)		

9. If a corporation is not a resident in this state, it shall designate an Arizona resident agent upon whom service of process may be made.

Name of Individual/Corporation Upon Whom Service Can Be Made		Phone Number (       )	
Arizona Business Address		City	State    Zip

10. ☐ Yes    ☐ No    Within the past 5 years, has any person listed on this application had a **similar license suspended, revoked or canceled** in this or any other state? If Yes, complete the following.

Name (first, middle, last, suffix)		Year License Was Suspended, Revoked or Canceled	
Business Name			
State	Country	License Status	

11. ☐ Yes    ☐ No    Within the past 10 years, has any person listed on this application been convicted of **fraud or an auto-related felony** in any state, territory or possession of the United States or foreign country? If Yes, complete the following.

Name (first, middle, last, suffix)			Conviction Date	
Original Charge	State	Country		
Court Disposition/Action				

12. ☐ Yes ☐ No Within the past 5 years, has any person listed on this application been convicted of a **felony, other than described above**, in any state, territory or possession of the United States or foreign country? If Yes, complete the following.

Name (first, middle, last, suffix)		Conviction Date
Original Charge	State	Country
Court Disposition/Action		

### Site Information

This Portion **Must Be Completed In Full**. Please indicate (N/A) if not applicable.

13. Business Sign

- a. ☐ Yes ☐ No ☐ N/A Is the sign permanently affixed or erected?  
If No, date of permanent affixture: \_\_\_\_\_
- b. ☐ Yes ☐ No ☐ N/A Is the sign legible for 300 feet during daylight?
- c. Sign affixed to: ☐ Building ☐ Driveway Entrance ☐ Residence ☐ Office Entrance
- d. Sign reads: \_\_\_\_\_

14. Established Place Of Business To Be Licensed

- a. ☐ Yes ☐ No ☐ N/A Is there sufficient space designated to display two or more vehicles?
- b. ☐ Yes ☐ No ☐ N/A Will the building be devoted principally to the dealership business?  
If No, provide reason: \_\_\_\_\_
- c. The place of business is a: ☐ Building ☐ Suite ☐ Trailer ☐ Residence
- (1) ☐ Yes ☐ No ☐ N/A If suite, does it have its own private entrance from the outside?
- (2) ☐ Yes ☐ No ☐ N/A If trailer, is it permanently affixed?

15. Record Keeping

- a. ☐ Yes ☐ No Will the records be maintained at the Established Business Address shown on the front?  
If No, where will records be maintained? \_\_\_\_\_
- b. ☐ Yes ☐ No ☐ N/A If a residence, is there space designated for storage of records?

### Continuation Fee

Every motor vehicle dealer, automotive recycler, title service or wholesale motor vehicle dealer license must be continuous from the date of issuance. A continuation fee must be made on or before the continuation date of each year. If filed after the continuation date, the fee will be deemed delinquent and a penalty equal to the fee will be added and collected.

### Certification

I hereby certify that my assigned motor vehicle dealer, automotive recycler, title service or wholesale motor vehicle dealer license will not be sold, leased, rented or loaned, nor used for any purpose other than in the conduct of business by this dealership at the licensed established place of business or place of business. The business to be carried on, if license herein applied for is granted, will be conducted in compliance with the laws of the State of Arizona.

I understand that Arizona law requires a licensee to notify the Motor Vehicle Division **within 30 days** when an officer, director, partner, agent or stockholder owning 20% of the corporation is added or changed.

If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Owner, Partner, Officer Signature	Title	Date
2nd Partner Signature	Date	
3rd Partner Signature	Date	
4th Partner Signature	Date	

☐ New App ☐ New Entity ☐ New License  
☐ Add Branch ☐ Name Change ☐ Change Loc.

Business Name

MVD Use Only

### Receive Application

Received and Accepted By	Date
Received and Accepted By	Date
Received and Accepted By	Date

Money Order/Amount

Checks/Amount


### Review and/or Process Application

1 <sup>st</sup> Reviewed By/Date	2 <sup>nd</sup> Reviewed By/Date	3 <sup>rd</sup> Reviewed By/Date	1 <sup>st</sup> Return	2 <sup>nd</sup> Return	3 <sup>rd</sup> Return
Date Fees Posted To ARMANI	Date Background Check Sent To CRCU	Accepted By			Date

### Receive Background Check Report From CRCU

Accepted By	Date
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### Prepare Invoice and Site Inspection Packet

Processed By	Date		
Invoice Amount	Invoice Number	Supervisor Approval	Date Packet Sent

### Receive Site Assessment Results (Initial)

Accepted By	Date
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### Receive Site Assessment Results (Follow-up)

Accepted By	Date
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### Process Payment and License/Plates

Processed By	Date			
Date Payment Received	Payment Amount	Check/Money Order #	Date Fees Posted To ARMANI	Date License/Plates Expires
Supervisor Approval	Date License/Plates Mailed To Dealer			

### Confirm License/Plates Have Been Received

Confirmed By	Date	Business Contact Person
License/Plates Received <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, describe resolution)	Resolution Date	
Resolution		